

PERMITTEE ADDRESS
(Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2000-0015

Pg. 1 of __

NAME:

ADDRESS:

FACILITY:

LOCATION:

	NA
PERMIT NUMBER	REUSE SUPPLIER PERMIT NUMBER

NOTE: Read instructions before completing this form.

OUTFALL:

MONITORING PERIOD							REPORTING QUARTER	
YEAR	MONTH	DAY	To	YEAR	MONTH	DAY	QUARTER	YEAR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				No. of Exceptions	Frequency of Analysis	Sample Type
		30-DAY AVERAGE	MAXIMUM	Units	MINIMUM	AVERAGE	MAXIMUM	Units			
	Sample Measurement										
	Permit Requirement										
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Name/Title Principal Executive Officer (Typed or Printed)	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. §1001 and 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	Signature of Principal Executive Officer or Authorized Agent
TELEPHONE No.:		DATE: _____, _____ Month Day Year

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)